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ABSTRACT

Problems encountered by federal agencies in the United States in providing information and referral (I&R) for human services are described. These problems, which have resulted from fragmentation and duplication of effort, include: limited accessibility; no publicity; restricted services; lack of proper needs assessment and follow-up services; inadequate resource files; limited scope of service; poor quality control; and lack of interagency coordination and firm leadership. Recommendations for improvement of I&R services are based on communication, cooperation, and consolidation. This report to the Congress by the Comptroller General recommends the establishment of a task force to develop a national policy and plan to promote the establishment of comprehensive I&R centers which would eliminate many of the problems. (Author/EBR)

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REPORT TO THE CONGRESS

BY THE COMPTROLLER GENERAL THE UNITED STATES

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Information And Referral For People Needing Human Services--A Complex System That Should Be Improved

Federal agencies are heavily involved in funding information and referral services to help persons find and obtain social services they need. Attempts have been made to consolidate these activities and provide comprehensive information and referral services. These attempts are not likely to succeed without centralized direction and control.

The Director, Office of Management and Budget, in consultation with the Secretary of Health, Education, and Welfare and the heads of other Federal agencies funding information and referral activities, should establish a task force to develop, for consideration by the Congress, a national policy and plan to consolidate such activities and promote the establishment of comprehensive information and referral centers. In developing the plan, consideration should be given to alternatives to comprehensive centers as circumstances warrant.

IR006 306

COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(4)

To the President of the Senate and the
Speaker of the House of Representatives

This report describes the problems in information and referral services that have resulted from fragmentation and duplication of efforts by many Federal agencies.

We made our review pursuant to the Budget and Accounting Act, 1921 (31 U.S.C. 53), and the Accounting and Auditing Act of 1950 (31 U.S.C. 67).

We are sending copies of this report to the Acting Director, Office of Management and Budget; the Secretaries of Labor, Housing and Urban Development, Agriculture, and Health, Education, and Welfare; the Administrator of Veterans Affairs; the Administrator of General Services; the Director of the Community Services Administration; and the National Executive of the United Way of America.

Comptroller General
of the United States

COMPTROLLER GENERAL'S REPORT TO THE CONGRESS

INFORMATION AND REFERRAL FOR PEOPLE NEEDING HUMAN SERVICES--A COMPLEX SYSTEM THAT SHOULD BE IMPROVED

D I G E S T

There is a vast, complex system of human services in the United States to meet individuals' needs. Many programs designed to reduce the dependency and increase the self-sufficiency of people throughout the Nation are supported by Federal, State, and local governments and by private organizations. The Federal Government spends over $100 billion annually to provide for services in areas such as health, rehabilitation, employment, income maintenance, nutrition, and education. (See ch. 1.)

Many agencies provide information and referral support to help people link up with these human service systems. Unfortunately, those who provide information and referral services have, themselves, become part of the maze to which they were supposed to offer guidance. This orderless growth has resulted in a specialized, fragmented system characterized by

--duplication of and competition between services and functions,

--waste of resources,

--barriers obstructing access, and

--inadequate services.

As a result, people can be shuffled from agency to agency, and many either will not receive the services needed or will receive them only after great or exasperating difficulty. (See ch. 2.)

Many Federal agencies spend hundreds of millions of dollars collectively each

year to support community information and referral services. Over half the total expenditures by 143 of these providers contacted by GAO were from various Federal agencies.

These agencies pay for many fragmented and competing providers within individual communities. Furthermore, most of them do not prescribe quality standards to help maintain at least minimum levels of acceptable services, with the result that Federal agencies contribute to the problems. A coordinated Federal program to deliver information and referral efficiently and effectively does not exist. (See ch. 3.)

Most Federal and local officials reached by GAO believe that consolidating activities into comprehensive centers, rather than specializing in certain classifications, will help eliminate fragmentation and improve the quality of their services. Comprehensive centers could serve all people and refer them to all types of services. But consolidating information and referral activities into such centers has been hindered by a lack of coordination and Federal leadership. (See ch. 4.)

Many agencies providing information and referral services are reluctant or unwilling to relinquish their activities and cooperate to pool resources. Centers established to consolidate activities and provide comprehensive services have found themselves competing with other providers for clientele and appropriations.

Not only is this cooperation lacking, but Federal agencies have not coordinated or consolidated their activities to avoid fragmentation, duplication, and inadequate services.

Many of the community providers receive financial support from various Federal agencies, but their local officials lack the authority and direction to consolidate

activities. Many local officials believe that the coordinated policy must be developed federally before improvements can be achieved locally. Meanwhile, the lack of a single Federal focal point with the responsibility and authority for coordinating Federal programs for community-based information and referral services continues, and no action has been taken to develop such a national policy and plan.

Without assigned responsibility to do so, Federal agencies are unlikely to coordinate information and referral programs and consolidate funds and activities. (See ch. 5.)

The Director, Office of Management and Budget, in consultation with the Secretary of the Department of Health, Education, and Welfare (HEW) and the heads of other Federal agencies funding information and referral activities, should establish a task force to develop, for consideration by the Congress, a national policy and plan requiring coordination between agencies to consolidate such activities and promote the establishment of comprehensive centers. The Secretary of HEW should play a prominent role in this effort.

The policy and plan should cover

--actions required to eliminate duplication of information and referral services among Federal agencies,

--ways in which Federal resources can be redirected and pooled with State, local, and private resources to form and operate comprehensive information and referral centers,

--strategies that the Office of Management and Budget should use to elicit the cooperation of Federal, State, local, and private organizations in implementing the plan, and

--evaluations of whether there are better alternatives to comprehensive centers and whether they are more cost effective.

The Community Services Administration; the General Services Administration; United Way of America; and the Departments of Agriculture, Housing and Urban Development, and Labor agreed with GAO's findings.

The Veterans Administration expressed concern that comprehensive centers might not be feasible or cost effective.

The Office of Management and Budget favors doing a study of the entire human service delivery system and believes information and referral services can be considered as part of that study rather than singly.

GAO believes that information and referral services constitute an entry point to the human service delivery system and would provide a logical starting point for improvement of the entire system.

HEW endorsed the general concept of comprehensive information and referral services. It did express concern about the cost effectiveness of comprehensive information and referral compared to existing centers and suggested a formal mechanism to assure State and local participation. (See ch. 6.)

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ABBREVIATIONS

AOA	Administration on Aging
GAO	General Accounting Office
HEW	Department of Health, Education, and Welfare
I&R	information and referral
PSA	Public Services Administration

CHAPTER 1

INTRODUCTION

The Federal Government, as well as State, local, and private agencies, offers a variety of programs directed at providing human services--social services, direct cash assistance, and other amenities--to help improve the status of individuals. More than $100 billion in Federal funds is spent annually on health, rehabilitation, employment, income maintenance, nutrition, education, and other programs designed to assist people. These programs are funded by various agencies, each with its own areas of emphasis and specialization.

Although many such programs are available, linking people with appropriate services is difficult. The profusion of agencies and programs providing human services have become so specialized that the delivery of these services has become highly fragmented. This human services delivery system was described by a former Secretary of the Department of Health, Education, and Welfare (HEW) as an extraordinarily complex mass of uncoordinated programs. In Seattle, for example, over 1,100 agencies provide over 3,000 service programs. A 1975 HEW-funded analysis of information needs of disadvantaged individuals observed that the needy are faced with a maze of agencies that seem to compete with each other. The study concluded that the uncoordinated activities and bewildering complexity of the system confuse the needy and prevent them from receiving benefits.

The system has become so complex that even professionals in the field are unable to keep abreast of what services are provided by which agencies.

INFORMATION AND REFERRAL--LINKING PEOPLE WITH APPROPRIATE SERVICES

The nature of the human services delivery system makes it necessary to inform people about the programs available and to help them effectively link up with programs appropriate to their needs. This type of service is called information and referral (I&R). It is offered in various forms by various agencies. Some agencies exist solely or primarily to provide I&R, while others provide I&R incidentally to their other activities. Many agencies provide I&R primarily for selected target groups, such as the elderly, or to specific types of services, such as mental health. Other agencies provide I&R for all types of people and to all types of services.

MANY FEDERAL AGENCIES ARE INVOLVED IN I&R

The Congress has acknowledged how important it is for people to obtain human services appropriate to their needs by authorizing Federal assistance for I&R. Federal assistance is provided under a variety of programs. For example:

--The Administration on Aging (AOA) administers the Older Americans Act of 1965, as amended, which authorizes funds to States to assure that I&R is provided for the elderly.

--The Public Services Administration (PSA) administers title XX of the Social Security Act, which authorizes funds for I&R.

--The Community Services Administration funds programs that include I&R under the Economic Opportunity Act of 1964.

These and other programs account for an estimated Federal investment in I&R of hundreds of millions of dollars annually. Appendix X provides a more complete list of Federal agencies and programs.

PURPOSE AND SCOPE OF REVIEW

We attempted to ascertain whether the existing I&R activities were adequate to inform people about, and link them to, human services.

Our work was done at the headquarters of various Federal agencies in Washington, D.C.; at Federal region X offices in Seattle; and at 164 human service agencies, of which 143 provided I&R, primarily in California, Ohio, Pennsylvania, and Washington. We also examined the results of prior studies and analyses of I&R activities and other activities relating to human services.

CHAPTER 2

DEFICIENCIES IN I&R SYSTEMS

I&R providers attempt to identify and locate the appropriate human services for people. However, because of the number of I&R providers, the lack of coordination, and the lack of quality controls in I&R systems, there is no adequate assurance that individuals are receiving effective and efficient I&R or even getting the services they need.

At the community level, I&R is characterized by a large number of providers competing for clients and funds and duplicating each other's efforts. Also, barriers exist that may keep people from receiving needed I&R. Most providers have not implemented the basic controls we believe are needed to assure that adequate I&R is provided.

UNNECESSARY DUPLICATION OF I&R SERVICES CONFUSES CLIENTS AND WASTES FUNDS

Many agencies provide I&R, but most of them have not succeeded either in coordinating their services with one another or in assuring that they provided adequate I&R. They have become part of the maze they were supposed to penetrate. I&R providers are fragmented, limited in service and clientele, and confusing to people.

Most human service agencies will attempt to provide I&R to anyone who asks for it. If someone calls in search of a service that the agency does not provide, the agency usually tries to direct the individual elsewhere. Our report 1/ concerning agencies serving the elderly in Cleveland showed that 65 percent of them provided I&R. A 1973 HEW-supported study 2/ projected that nearly 3,000 organizations in Los Angeles County provided health-related I&R. Most service agencies we contacted in Seattle, Cleveland, and Los Angeles were providing I&R regularly.

1/"The Well-Being of Older People in Cleveland, Ohio" (HRD-77-70, Apr. 19, 1977).

2/Joy G. Cauffman, Ph.D., and others, "Health Information and Referral Services Within Los Angeles County," American Journal of Public Health, October 1973, Vol. 63, No 10.

Duplication of functions

Although we did not determine the total nationwide cost of providing I&R, we believe that the sum is substantial. Several Federal agencies' officials provided us estimates that showed the combined costs of I&R activities to be hundreds of millions of dollars annually. Expenditures by State and local governments and private agencies are also considerable. A paper 1/ provided by a consultant for HEW estimated the cost of I&R in one large community to be as much as $100 million annually. Our inquiries at 68 I&R providers in Seattle showed an annual I&R cost estimated at $2.4 million.

We believe that some of the cost of I&R represents duplication of effort among I&R providers. In Seattle, for example, officials of both Aid to Aging and Senior Services Information and Assistance said that they have the elderly as a target population and publicize that they provide I&R.

Areas of potential duplication in providing I&R include:

--Resource file: 27 percent of the 143 I&R providers we contacted reported that they developed and maintained their own files of available human services. Because of the large number of human service agencies and the many changes occurring among them, much time and effort is involved in resource file maintenance. An Easter Seal Society official in Seattle said that agency expends about 6,000 staff-hours annually to maintain the Seattle file. I&R providers not only duplicate one another's efforts, but also force duplication of effort on human service agencies. In Seattle, for example, 24 different I&R providers said that they update their resource files at least annually. This means a human service agency could be requested at least 24 times a year to provide detailed information about its operations. A United Way official in Los Angeles said that a study on collection of resource data disclosed considerable duplication and indicated that agencies were being "surveyed to death." An official at one human service

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1/"A Rebuttal to Those Portions of the Project Site Visit Report (Cauffman/HS 00287-05-S1, 'Community Health Agency Information Referral System') Which Were Initially Withheld by the United States Department of Health, Education, and Welfare, but Were Later Released," Joy G. Cauffman, 1975.

agency in Seattle said that agency was contacted about 10 times a month by agencies updating their resource files.

--Clientele: many I&R providers serve categories of people that can be served by other providers. The fact that most individuals needing human services will fall within the target population of several different I&R providers indicates to us that many of the classifications are unnecessary. In a way, all providers have a duplicated target population, because 28 percent of the 143 I&R providers we contacted reported that they serve all categories of people. (See following page.)

--Publicity: 59 percent of the 143 I&R providers we contacted said they publicize their I&R services. These publicity efforts can be extensive. One I&R provider, for example, said it publicized its service through radio, television, newspapers, posters, talks to groups, exhibits in department stores and hospitals, stickers on telephones, notices on milk cartons, and a banner in a parade.

About 85 percent of the I&R providers we contacted exhibited one or more of the above characteristics and were potentially duplicating the efforts of other I&R providers. Other areas of possible costly duplication include administrative and clerical functions, where I&R is provided by many organizations. In Los Angeles County, for example, we identified organizations at over 600 locations that held themselves out as providing I&R. We believe many administrative and clerical activities of these locations could be consolidated.

Added cost is not the only effect of duplication. Some people are confused by the variety of I&R providers. Most providers we contacted have apparent restrictions in their service or clientele, and most also advertise. Thus, people must choose from an array of apparently fragmented I&R providers in the hope of finding an appropriate one. The 143 providers we contacted covered 47 different categories. (See the following page.) Therefore, people are presented with I&R services differentiated by age, sex, ethnic background, income, marital status, and type of need.

Target Populations of I&R Providers

Category	Number of agencies
Families	2
Single adults	1
Youth	2
Children	1
Handicapped	2
Handicapped children	1
Aged	10
Retirees	1
Social Security recipients	5
Low income	6
Unemployed	1
Transients	2
Skid row	2
Alcoholics	9
Drug users	3
Mental health	4
Schizophrenics	1
Abusing parents	1
Working parents	1
Birth control	1
Unwed mothers	1
Birth defects	1
Mentally retarded	5
Health	2
Hospital patients	2
Chronically ill	1
Kidney patients	1
Multiple sclerosis patients	1
Cancer patients	3
Heart patients	1
Anemics	1
Arthritics	1
Epileptics	1
Hemophiliacs	1
Blind	3
Non-English speaking	1
Mexican-Americans	1
American Samoans	1
Chinese	1
Asians	2
American Indians	2
Jewish	2
Women	9
Housing	1
Crime victims	1
Rape victims	1
Open clientele (serves all categories)	40
Total	143

SHORTCOMINGS RESTRICT ACCESS TO I&R SERVICES

Most I&R providers have barriers that may make it difficult for people to use their services. About 87 percent of the 143 I&R providers we contacted had one or more barriers, such as

--limited accessibiity,

--no publicity, and

--restricted service.

Limited accessibility

A 1975 study of I&R services for the elderly, funded through the Texas Department of Public Welfare, showed a need for some form of walk-in capability--facilities to accommodate clients who physically come to the provider. A 1976 HEW-funded study, "Evaluating Information and Referral--Services for the Homebound Elderly," found that face-to-face contact was valuable for people with multiple problems and that much valuable information that would be perceived in such contact might be lost when dealing only by telephone. This study also reported that minorities, particularly those from non-English-speaking cultures, tend to underuse a telephone I&R system.

Our review showed that many individuals seek I&R on a face-to-face basis. About 257,000 (19 percent) of the client contacts reported by the 143 I&R providers in our study were by walk-ins. However, 18 percent of the providers we contacted reported that they did not provide I&R for walk-in clients. These providers will be unable to help an individual who cannot or will not use a telephone.

Sixty-nine percent of the providers we contacted were only open from Monday to Friday during normal working hours. These services are of little help to someone with an urgent need that arises at night or on a weekend.

No publicity

Forty-one percent of the providers we contacted do not publicize their activities. We believe that to be effective, an I&R provider must publicize its services. However, duplication of publicity efforts by some providers (see p. 5) and no publicity by others is paradoxical. Consolidation of I&R activities, discussed in chapter 4, should help correct this situation.

A 1972 study in Chicago, made under contract for the Mayor's Office for Senior Citizens, indicated that 90 percent of the elderly did not know of the existence of any information center. I&R providers that do not publicize their services may, in effect, hide themselves from potential clients.

A further problem is the lack of outreach efforts to bring I&R services to those people who may not be able to reach the I&R provider. About 73 percent of the providers we contacted stated that they did not perform outreach. Our report 1/ on the elderly in Cleveland showed that less than a third of the most critically needy received I&R.

Restrictions on service

About 24 percent of the providers we contacted stated that they provided I&R only for specific types of needs. One provider said it referred people only to medical services, while another dealt only with educational needs of the handicapped. Accordingly, individuals with needs outside the scope of the provider's I&R objectives must go elsewhere for assistance.

About 87 percent of the providers we contacted had one or more of the above access barriers. Because barriers restrict access, many people reportedly do not know where to turn for I&R. Many people in Seattle seeking information about human services call the police department emergency services number. According to the police communications director, this occurs because the number is widely known and is available 24 hours a day. He said that the number is called about 300,000 times a year and that about half the calls are from people using it as an I&R service, even though it is not intended for such use.

I&R PROVIDERS MAY NOT BE LINKING PEOPLE WITH THE NEEDED SERVICES

Even after the people contact an I&R provider, they are not assured of reaching the agency best suited for their needs. Many providers do not take adequate steps to assure that their referrals meet their clients' needs. Shortcomings we indentified include:

--Lack of needs assessment.

1/See note 1, page 3.

--Lack of followup.

--Inadequate resource file.

--Limited scope of I&R service.

Lack of needs assessment

Needs assessment involves interviewing clients, diagnosing their problems, and determining their needs. Many I&R providers only deal with the needs expressed by the client and make no objective assessment of the client's actal needs. However, an I&R official said that, if the provider misunderstands the client's needs or if the client does not know what to ask for, he or she may be directed to the wrong service. Also, a provider might only identify the most evident need, leaving additional needs unmet. The 143 providers estimated that they are contacted about 1.4 million times annually. About 41 percent of these contacts were made at providers which reported that they did not make needs assessments.

Lack of followup

Followup involves recontacting clients or human service agencies to ascertain whether linkage has been made and whether the client's needs have been met. Once a referral is made, a number of problems may prevent the person from receiving a service.

--The human service agency may be operating at capacity and therefore be unable to accept the person as a client.

--The person may not be eligible for an agency's services.

--The service may not be appropriate for the person's needs.

If the I&R provider recontacts the client, it can find out about these problems and make another referral. Followup may also serve as a check on accuracy of the needs assessment and the resource file. Of the 1.4 million annual contacts, 55 percent were with providers which said they did not systematically do followup. Furthermore, 27 percent of the 143 providers were incapable of following up because they do not maintain any records of client contacts.

Inadequate resource file

A resource file is a list of programs and services available in the area served. Many resource files had shortcomings that could limit a provider's ability to do an effective job. Major shortcomings observed included (1) incomplete lists and (2) inaccurate data.

Many I&R providers claimed to refer their clients for any need, although their resource files contained less than 10 percent of all services available in a community. Some providers said they had no resource file but relied on the worker's knowledge of available services to make referrals. In these cases, we believe that there was inadequate assurance that the service referral was the best one for the client.

Many providers had no formal procedures for assuring that their resource file data was accurate, and others went 2 years or more between resource file updates. Because changes, such as telephone numbers, addresses, working hours, and human service agencies added or dropped, are frequent, resource files need to be updated regularly. One provider in Seattle, whose primary activity consists of maintaining a comprehensive resource file for use by others, said that an average of 22 percent of the human service agencies listed in its file reported changes each quarter.

Inadequate resource files may result in I&R providers directing their clients to the wrong telephone number, to an agency that does not provide the needed service, or to a defunct agency. Of the 1.4 million annual I&R contacts reported in our review, about 20 percent involved a provider without an adequate resource file.

Limited scope of service

Many providers said that they provide I&R only for specific types of needs and that their resource files contain only human service agencies that can meet these needs. About 125,000 (9 percent) of the annual I&R contacts to the 143 providers reviewed were made to providers that offer such limited referrals.

Over 70 percent of all I&R contacts reported by the 143 I&R providers were subject to shortcomings in needs assessment, inadequate resource files, a lack of followup, or limitations in scope of service. The inability to assure that appropriate information is given increases the probability

that people will have to make repeated efforts to have a need met. Many I&R officials reported that this "ping-ponging" of people from agency to agency is a problem.

"Ping-ponging" taxes everyone involved and is expensive to the human service system. A community worker in Portland, Oregon, for example, reported that she spent 35 hours contacting 41 agencies trying to follow up on every lead given to her to resolve a single need--housing--for one client. The chart on the following page shows the extent of the "ping-ponging" she experienced.

LACK OF QUALITY CONTROL LEADS TO POOR PERFORMANCE

Many agencies provide I&R services, but few actively monitor the quality of their I&R activities. Based on published lists of I&R performance standards (see app. XI) and discussions with human service agency officials, we selected eight standards that we believe are basic to acceptable I&R performance. (See below.) We believe that failure of an I&R provider to meet any of these standards constitutes a significant shortcoming. To evaluate the I&R provided by the agencies in our review, we measured their performance against the standards. Federal, State, and local agency officials we contacted generally agreed that these standards were appropriate requirements for I&R services.

--The resource file should be accurate and complete.

--A client's needs should be assessed.

--I&R contacts should be periodically followed up on.

--The provider should be able to refer clients with any type of human service need.

--The provider should publicize its service.

--The provider should provide outreach.

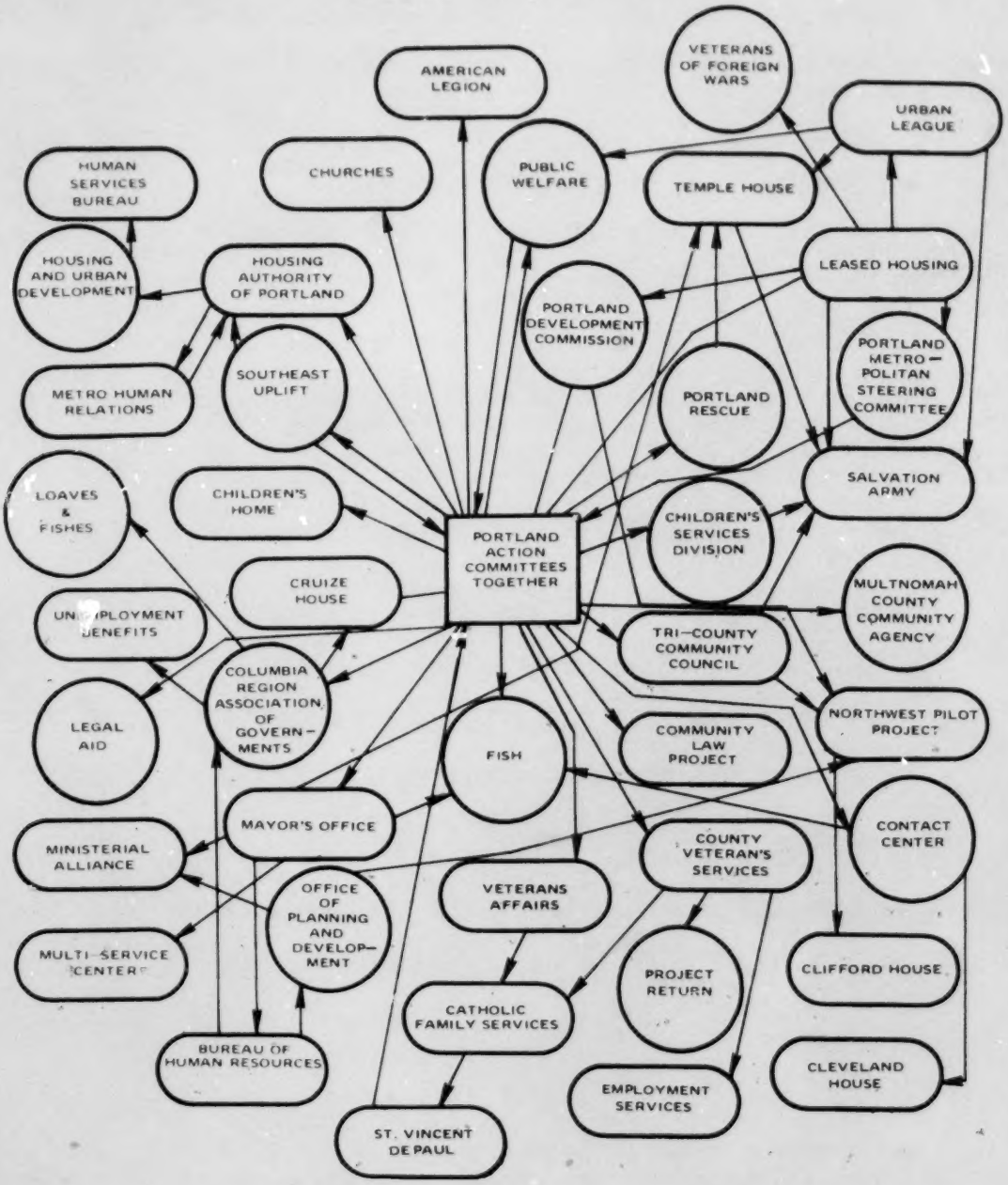
--The provider should maintain records of I&R activities.

--The staff should be qualified to provide I&R.

We measured the 143 I&R providers against all but one of the above standards--we did not attempt to appraise the qualifications of agency staff. As shown by the chart on

FRUSTRATIONS OF PING–PONGING

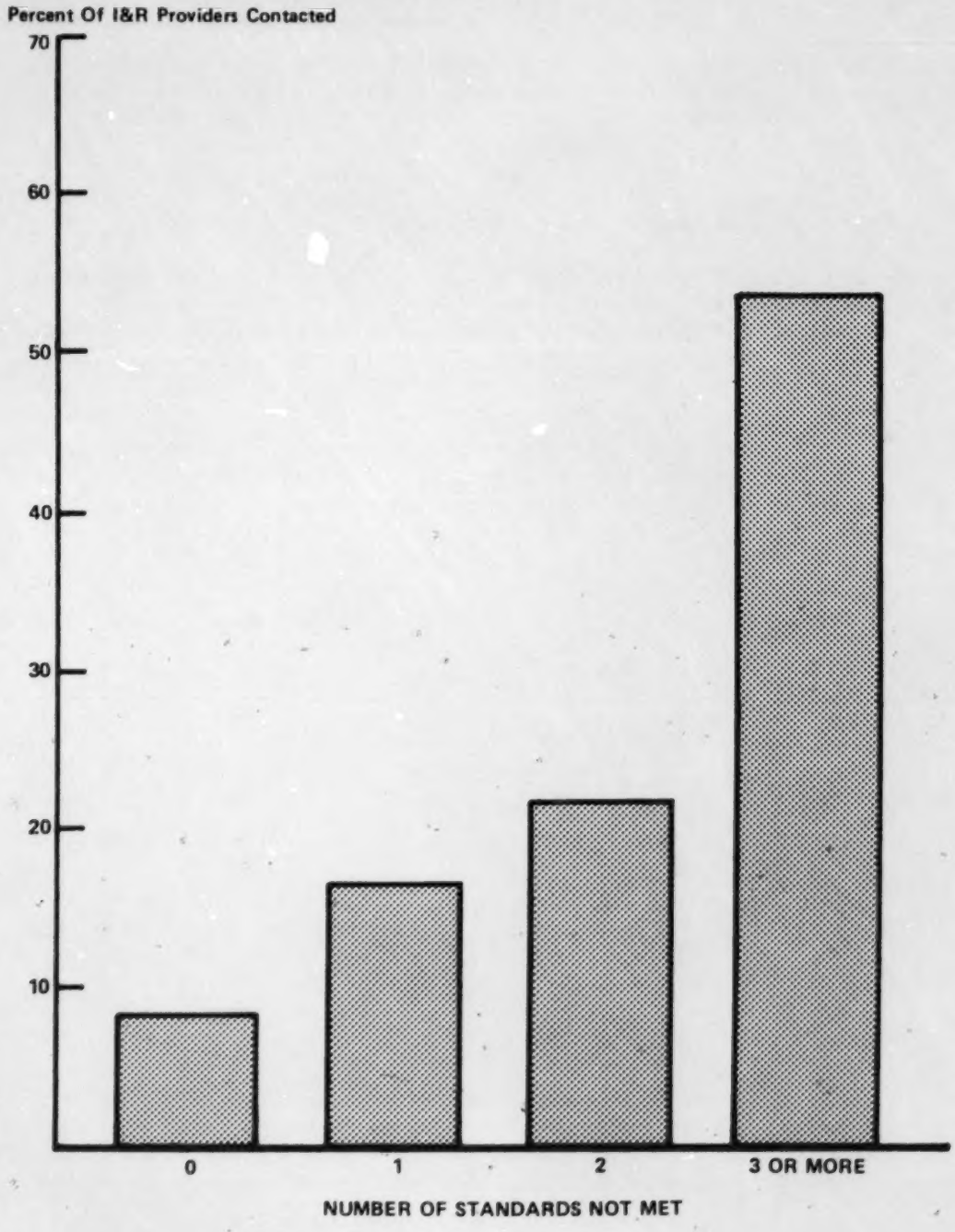
EFFORTS TO OBTAIN SERVICES FOR A CLIENT TOOK A CASEWORKER TO 41 AGENCIES AND REQUIRED 35 HOURS



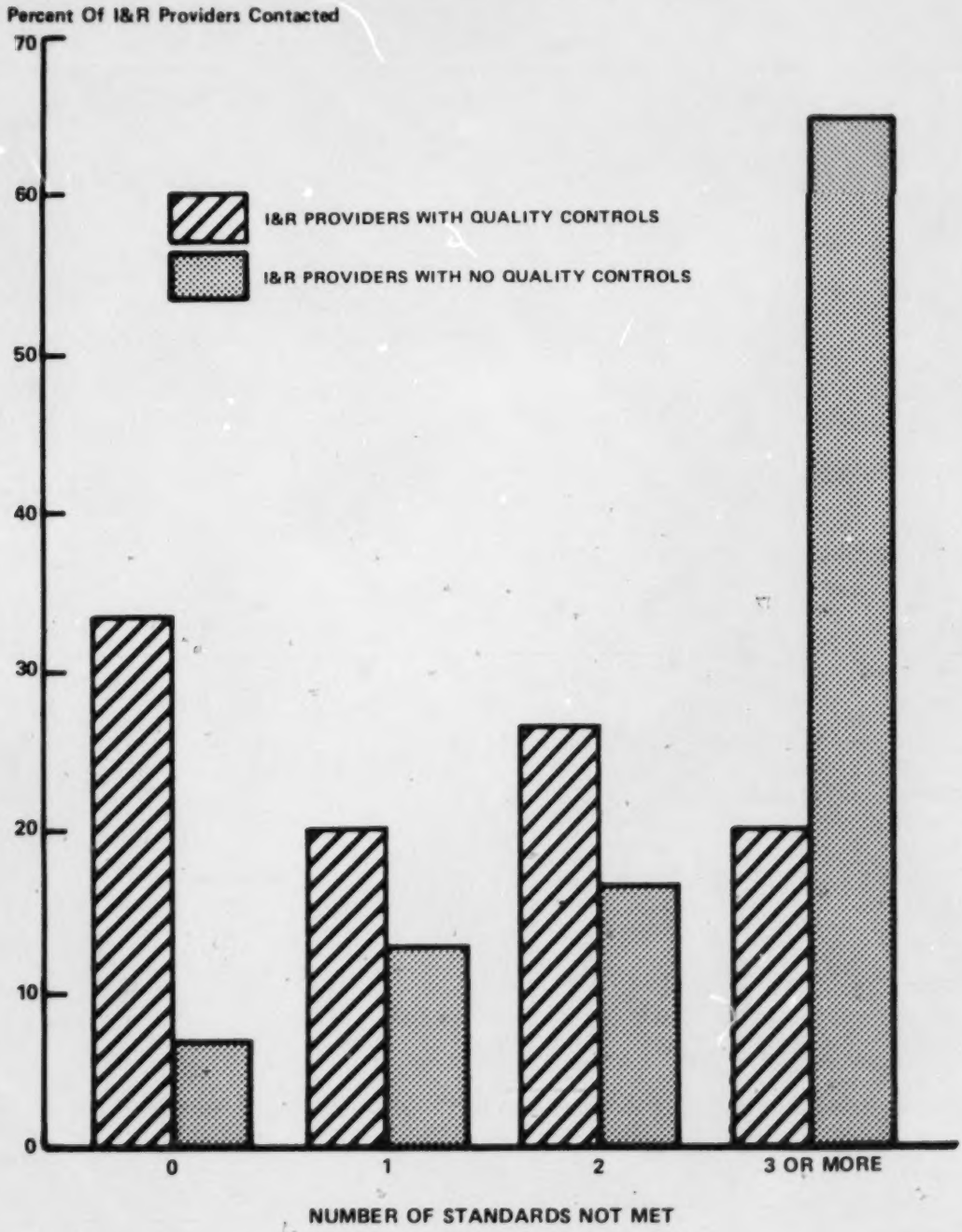
page 14, less than 10 percent of the providers in our review met all of the seven standards, and over half did not meet three or more of them.

In addition, many providers do not establish performance standards for controlling the quality of I&R. In our visits to 46 of the 143 I&R providers, the value of implementing performance standards was apparent. The I&R providers applying any type of performance standards were much more likely to meet the seven standards that we measured. As shown in the chart on page 15, of the 46 providers we visited, 67 percent were operating without performance standards. Of those, 65 percent did not meet three or more of the standards, whereas only 20 percent of those with performance standards did not meet three or more of the standards. (A more detailed performance analysis is presented in app. XII.)

MOST I&R PROVIDERS DO NOT MEET THREE OR MORE STANDARDS



I&R PROVIDERS WITH QUALITY CONTROLS MEET MORE STANDARDS



CHAPTER 3

FEDERAL EFFORTS IN I&R NEED COORDINATION

Many Federal agencies support community I&R providers and collectively spend hundreds of millions of dollars each year for this purpose. However, a coordinated Federal approach to community I&R is lacking. As a result, federally supported I&R providers unnecessarily duplicate each other, and there is no assurance that people are receiving effective I&R.

MANY FEDERAL AGENCIES FUND I&R ACTIVITIES

We interviewed officials of 11 Federal agencies to identify the nature and extent of their involvement in I&R. Although officials of most agencies said they had no specific congressional mandate to fund I&R, each agency funds one or more I&R activities. These activities range from major program elements in some agencies to incidental activities in others. For example, AOA funds programs to assure that I&R is available to all older Americans, whereas the Department of Labor funds I&R staff salaries under its program to promote public service jobs. For an expanded list of Federal I&R activities we identified, see appendix X.

Substantial Federal funds support I&R activities

The total Federal investment in I&R activities is not precisely known, but it amounts to hundreds of millions of dollars annually. The cost for I&R activities from 4 of the 11 Federal agencies we contacted totaled about $189 million in fiscal year 1976.

Agency	Estimated FY 1976 funding for I&R (millions)
Community Services Administration	$100.0
General Services Administration	2.8
Public Services Administration	78.0
Social Security Administration	7.8
	$188.6

The other seven agencies could not provide us with estimates of I&R expenditures.

Although I&R is funded by Federal, State, and local public and private agencies, data we obtained indicates that Federal funds account for a large portion of I&R expenditures nationwide. Information provided by 143 I&R providers in four cities showed that 68 (nearly half) of them received Federal funds during 1976. (See app. XIII.) These Federal funds, which came from 13 different agencies, accounted for about 51 percent of the total I&R expenditures identified by the 143 providers.

This measure of Federal funding for I&R providers may be understated since the complexity of the funding process tends to obscure the identity of Federal dollars. Federal money follows a variety of channels on its way to the community level, and most federally supported providers do not receive their funds directly from the Federal Government. As a result, many local I&R officials we contacted were uncertain of the source or amount of Federal funding they received. The chart on page 19 demonstrates the varieties and complexities of this funding process for 13 community I&R providers.

FEDERAL PROGRAMS NEED COORDINATION TO IMPROVE I&R IN THE COMMUNITY

A coordinated Federal program to deliver I&R efficiently and effectively does not exist. Although many Federal agencies fund I&R providers, the agencies tend to act independently of each other. As a result, many I&R providers receiving Federal funds duplicate their services and compete with each other for clients. In addition, most Federal agencies have failed to prescribe quality standards for I&R providers; as a result, there is no assurance that people are receiving adequate and effective I&R.

Federal agencies fund duplicating and competing I&R services

Representatives of Federal, State, and local agencies said that duplication in I&R providers results in unnecessary costs. Our analysis of community I&R providers confirmed that duplication was a major problem. Most Federal officials suggested reducing competing and duplicating I&R activities for more cost-effective service.

Most of the 68 I&R providers that received Federal funds engaged in activities that potentially duplicated other I&R

providers. For example, 24 providers maintained their own resource files, 45 publicized their I&R service, and 25 had outreach programs.

Including I&R providers that either maintained their own comprehensive resource files or served the same target population and referred for the same types of needs, we found that 62 of the 68 providers (91 percent) receiving Federal funds potentially duplicated or competed with the I&R activities of other agencies. For example:

--In Los Angeles, we contacted 10 providers that claimed to furnish I&R to all persons seeking help. Their estimated I&R expenditures totaled about $415,000 for 1976, and five of them said they received Federal funds. Four of them independently maintained their own resource files.

--In Cleveland, we contacted seven providers that offered I&R to all persons in need. Their estimated I&R expenditures totaled about $764,000 for 1976 (about $514,000 in Federal funds in three of the agencies). Each provider could have served the others' clients.

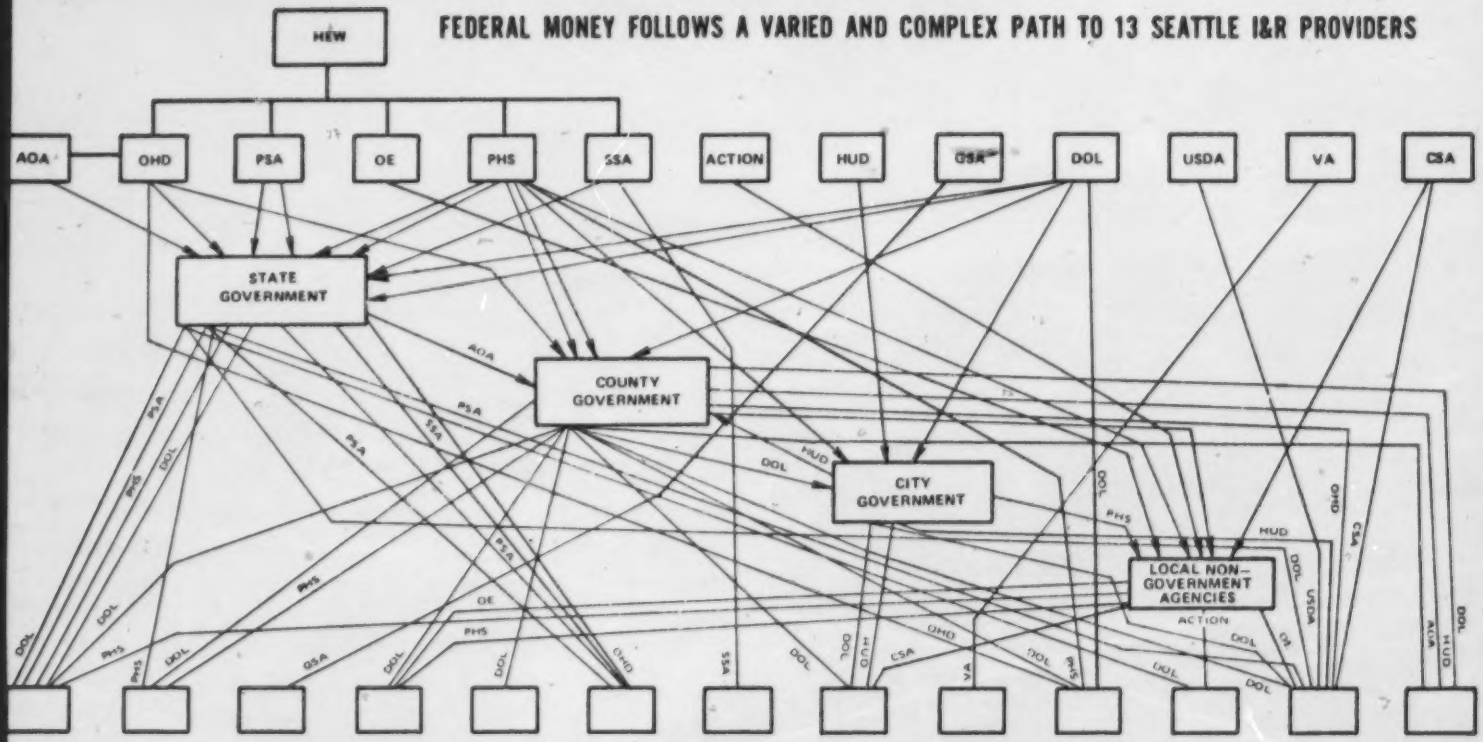
--In Seattle, three of the I&R providers we contacted deal with alcoholism problems. Their estimated I&R expenditures totaled about $108,000 for 1976 (about $64,000 in Federal funds).

The costs of providing duplicate services or performing duplicate functions are difficult to measure. However, we believe that costs associated with such duplication are considerable and represent an inefficient use of Federal resources.

Federal funding does not assure the quality of I&R

Federal agency officials are generally unaware of the quality of I&R activities they fund. Most Federal agencies we contacted had no performance standards for I&R providers and neither made nor required performance evaluations of I&R activities. This lack of quality control may result because many Federal agencies assign a low priority to such activities. I&R generally was not a primary program but an activity funded to support other agency objectives.

FEDERAL MONEY FOLLOWS A VARIED AND COMPLEX PATH TO 13 SEATTLE I&R PROVIDERS



HEW – DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
AOA – ADMINISTRATION ON AGING
OHD – OFFICE OF HUMAN DEVELOPMENT
PSA – PUBLIC SERVICES ADMINISTRATION
OE – OFFICE OF EDUCATION
PHS – PUBLIC HEALTH SERVICE
SSA – SOCIAL SECURITY ADMINISTRATION
HUD – DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
GSA – GENERAL SERVICES ADMINISTRATION
DOL – DEPARTMENT OF LABOR
USDA – DEPARTMENT OF AGRICULTURE
VA – VETERANS ADMINISTRATION
CSA – COMMUNITY SERVICES ADMINISTRATION

Federal I&R activities have not been coordinated

Federal agency officials at regional and headquarters levels identified no Federal initiative that has successfully coordinated and consolidated I&R functions at the national level. Most of these officials cited the lack of such coordination as a major cause of the I&R problems.

A 1975 study on I&R services for the elderly 1/ concluded that competing mandates to provide I&R locally in AOA, PSA, and the Social Security Administration can block service links and effective service delivery to the consumer. The study reported that lacking central leadership, all three agencies independently try to provide a complete I&R service with limited resources, and as a result, may end up doing it poorly.

The problems of coordinating I&R activities are analogous to the problems of coordinating other major human service programs. The director of a federally funded study 2/ of social service systems recently observed that, although Federal regulations for title XX of the Social Security Act require coordination, (1) the legislation fails to mandate an administrative structure to serve as a basis for coordinating social service delivery, (2) in effect, each service system sees itself in the lead role and rejects others who would take the lead, and (3) each develops its own components and does not address the problem from the recipient's perspective.

Despite these difficulties, some initiatives to coordinate I&R activities have been attempted--at least for the elderly. An Interdepartmental Task Force on I&R, created by the Interdepartmental Working Group of the Cabinet-level Committee on Aging, was directed to assess the existing Federal I&R resources and develop a plan of action designed to improve and coordinate these resources. As a result of this directive:

1. The Federal departments and agencies on the task force (the 11 agencies in our review were all represented) signed a working agreement in December 1974 concerning I&R services for older people.

1/"I&R Services for the Elderly: Federal, State, and Local Perspective," Lyndon B. Johnson School of Public Affairs, University of Texas, Austin, Texas.

2/Cross-National Studies of Social Service Systems, funded by HEW.

2. AOA, the Social and Rehabilitation Service, 1/ and the Social Security Administration signed a departmental agreement in May 1975 that essentially restated the plan of action agreed to by these agencies in the interdepartmental agreement.

3. Federal Executive Boards assisted area agencies on aging in inventorying I&R services and Federal programs available to older persons in the Federal Executive Board metropolitan areas.

4. Federal Regional Councils have helped Federal regional agencies to implement the interdepartmental working agreement signed at the headquarters level.

In addition, in July 1975 AOA and the Social and Rehabilitation Service signed a joint working agreement directed at developing comprehensive, coordinated human service systems, including I&R, for older persons.

Despite these initiatives to improve I&R for the aging, Federal agencies generally did not address the need for a consolidated approach to I&R activities nationwide. Our review of interagency agreements and discussions with agency officials identified no efforts to consolidate I&R activities among the various agencies. Efforts had primarily focused on exchanging information on ways to improve each agency's ability to handle requests for I&R.

Without a coordinated program on I&R activities, costly Federal funding of fragmented I&R providers is likely to continue. In addition, we believe that duplicating and competing activities will increase and there will still be no assurance that community I&R providers are effective.

Federal officials generally agreed that a coordinated Federal effort is needed to resolve problems in I&R. These officials said that comprehensive I&R centers would reduce the duplication of activities and improve the quality of the service provided. Chapter 4 discusses this proposal and the potential obstacles to its implementation.

1/The Social and Rehabilitation Service was abolished during an HEW reorganization in March 1977. PSA was within the Service but is now under the Office of Human Development. PSA was involved with this departmental agreement.

CHAPTER 4

IMPROVED FEDERAL LEADERSHIP IS NEEDED TO CONSOLIDATE I&R ACTIVITIES

Our review showed widespread support from Federal, State, and local officials for consolidating I&R activities and establishing comprehensive I&R centers to overcome such problems as orderless growth, duplication, access barriers, and the lack of quality assurance. Federal, State, and local agencies have attempted to improve I&R. However, few of their efforts have resulted in increased program coordination, greater consolidation of I&R funding and activities, and development of comprehensive I&R services.

Although efforts to improve I&R have demonstrated the feasibility of consolidating community I&R activities into comprehensive centers (see p. 27), such obstacles as lack of coordination in funding have limited their success. The growth of Federal support for human service programs has led to a profusion of community I&R services rather than coordination and consolidation. As a result, interagency competition for clients and funds has increased. Improved Federal leadership and direction is needed to consolidate Federal support for I&R services. Without a national policy and management plan for I&R, community efforts to consolidate activities into comprehensive centers will have only limited success.

COMPREHENSIVE SERVICE IMPROVES THE EFFECTIVENESS OF I&R

Many studies and reports indicate that I&R activities, characterized by vast numbers, fragmentation, and duplication of effort, can be improved by consolidating fragmented activities into comprehensive centers. Several projects have successfully demonstrated the feasibility of such action. Rather than specializing in certain types of individuals or services, comprehensive I&R centers direct all types of people to all types of human services. Centers maintain resource files on all available services in their communities to avoid bouncing individuals from agency to agency.

Consolidation of fragmented and restrictive programs is fundamental to improving the quality of community I&R services. Several recent studies and reports have recommended such action. For example:

--The Washington State Comprehensive Health Planning Advisory Council stated in a 1974 report that people need a single place where they can obtain current and comprehensive information about available services and how to use them. The report noted that fragmentation, duplication, gaps in services, and barriers to access have created a complex system that is difficult to enter.

--A 1976 AOA-funded study reported that the need for simple, easy, and universal access to a source of up-to-date creditable information on human services and their availability and accessibility has been amply demonstrated. Furthermore, the study reported general agreement that (1) quality service requires I&R providers to be open to all persons and not directed toward a specific target group and (2) I&R services should include providing information about all human services, and not just information in special problem areas.

--In 1973 the Federal region X Interagency Task Force on Service Coordination concluded that, although many public and private agencies were involved in I&R, there was no integrated approach to referral systems that would facilitate providing information to individuals on the programs or services. The task force cited a need to integrate existing resources and to secure funding used to coordinate present and planned I&R services.

Currently, resources for I&R are distributed among a vast number of fragmented and specialized providers, most of which receive limited funds and offer limited services. We believe that improved efficiency in I&R can be achieved by eliminating duplication and overlap through consolidation of fragmented activities. Similarly, concentrating funds among fewer providers and thereby assuring better staffing and other resources for comprehensive I&R will improve the quality of the service.

Our interviews with Federal and local officials and our analyses of various studies, reports, and I&R projects showed that consolidating fragmented activities into comprehensive centers offers a number of benefits over fragmented services. (See table on the following page.)

Comprehensive Centers Provide Means for Improving I&R

Objectives for improved I&R	Deficiencies in existing system	Means of overcoming deficiencies through comprehensive centers
For efficient I&R: Provide I&R at optimum cost.	Duplication of functions and overlap in coverage waste scarce agency resources.	Consolidate fragmented I&R activities and funds to minimize or eliminate unnecessary duplication and overlap.
For effective I&R:	Fragmented I&R is provided on limited budgets, which restrict the quality of the service. The inability to perform basic functions causes shortcomings, including:	Provide adequate resources to fund necessary I&R functions by consolidating widely dispersed I&R funds into centers. With adequate funding, centers:
Maintain accurate and complete resource files.	--Inaccurate and incomplete resource files.	--Develop and maintain accurate and complete resource files to make adequate referrals and ensure that the most appropriate services can be contacted.
Assess client needs.	--Failure to assess client needs.	--Assess needs to identify the problems of people who are confused or uncertain about their needs.
Conduct routine followup.	--Lack of followup.	--Conduct followup to assure that referrals are appropriate.
Serve all types of clients for all types of services.	--Service limited to specific groups of individuals and types of services.	--Serve all people for all types of services to avoid turning people away.
Publicize the service.	--Lack of publicity.	--Publicize to assure that clients are aware of I&R service.
Provide outreach.	--Lack of outreach.	--Perform outreach to serve clients who, due to their condition, need assistance in obtaining I&R.
Maintain service records.	--Failure to maintain client contact records.	--Maintain complete records of activities for service evaluation and planning.
Use qualified staff.	--Use of untrained staff. (note a)	--Provide training to ensure availability of well-qualified staff.
Assure access to service.	I&R is frequently unavailable outside normal working hours. Also, many providers do not serve walk-in clientele.	Consolidate staff positions and resources to provide I&R on a 7-day, 24-hour basis to serve those who have emergency and other needs outside of normal business hours. Similarly, provide walk-in capability for the needy who are unable or reluctant to use telephone service.
	Clients are confused by the vast numbers of fragmented and specialized I&R services. Professionals as well as needy people often do not know where to seek help.	Decrease confusion by providing a single, widely known telephone number in the community and by providing comprehensive, rather than specialized, service.
Serve all types of communities.	In rural areas, I&R is often limited or nonexistent.	Expand resource files and services to cover rural as well as urban areas.
Provide I&R as the primary service.	I&R is provided in competition with other activities. Agencies that provide I&R as an incidental activity often reduce the quality of service by redirecting their I&R support to their primary activities.	Provide I&R as the sole or primary function to maintain major emphasis on I&R activities. Organizations that have I&R as a primary activity generally satisfy more of the basic standards for effective I&R than agencies that provide I&R as an incidental activity. (See app. XII.)

a/Although we did not appraise staff qualifications at the I&R providers in our study, officials expressed concern about the use of unqualified and untrained I&R staff.

Comprehensive centers also benefit human service agencies

In addition to better assisting individuals, comprehensive centers can also benefit community human service agencies. By virtue of their position, I&R centers are aware of the needs of individuals as well as the services available. Various organizations and reports have emphasized the value of I&R providers in accumulating data for planning human services. For example, the Alliance for Information and Referral Services reported that one of the two main functions of I&R services was helping the community to plan human services by identifying gaps, overlaps, and duplications in existing programs. A 1971 AOA-funded report 1/ said that such information would be helpful because planning for human services is often hampered by the lack of timely and accurate data about people's needs and the resources and services available to meet those needs. Most Federal and local officials we contacted said that comprehensive centers could collect information on unmet needs, gaps, and duplications in human services to help community planning bodies improve services. Many officials agreed that an adequate system for providing this type of information does not presently exist.

Comprehensive centers also benefit both human service agencies and clients by linking clients who wish to offer their assistance to agencies needing additional staff. Many agencies augment their staffs with volunteer assistance, and some increasingly view clients as a source of personnel for accomplishing their functions. Likewise, clients may benefit by increasing their job experience, acquiring new skills, and nurturing feelings of self-worth.

According to many Federal, State, and local officials we contacted, comprehensive I&R centers can also help market new human service programs. Extensive efforts are sometimes needed to inform community agencies, as well as individuals, about new programs and services. For example, Federal agencies spent millions of dollars to inform people about the Medicare 2/ and Supplemental Security Income 3/ programs.

1/Nicholas Long, Ph.D., and others, "Information and Referral Centers: A Functional Analysis," Institute For Interdisciplinary Studies of the American Rehabilitation Foundation, DHEW Publication No: (OHD) 75-20235.

2/Medicare is a health insurance program for people 65 and older and some people under 65 who are disabled.

3/The Supplemental Security Income program is a cash assistance program for the needy aged, blind, and disabled.

Some Federal officials said that marketing human services through comprehensive I&R centers would benefit individuals seeking assistance.

SUCCESSFUL PROJECTS DEMONSTRATE ADVANTAGES OF COMPREHENSIVE I&R

The need to establish more effective I&R has generated various actions at the State and local level. Several projects, including those listed below, have successfully demonstrated the feasibility of consolidating fragmented I&R activities and funds into comprehensive centers providing more efficient and effective service. These centers have operated with funds from several sources and served all types of people.

The centers have also demonstrated the ability to

--consolidate activities of other I&R providers;

--operate according to guidelines or standards for effective I&R service;

--serve rural as well as urban areas;

--collect data on needs, service gaps, and duplications for use in service evaluation and planning; and

--link clients willing to donate their services to organizations needing assistance.

The Georgia Tie Line

The Georgia Tie Line is a statewide comprehensive I&R program for all ages and service needs. The project was established with funding from AOA; PSA; the Alcohol, Drug Abuse, and Mental Health Administration; and the State. Four existing I&R providers were later consolidated into the project.

In addition to serving urban areas, the Tie Line makes I&R available in rural areas. Historically, rural residents have had trouble linking up with human services, and I&R services have been lacking in rural areas. The Tie Line helps solve these problems. A large percentage of its contacts are from rural residents. It also provides a means to collect data for planning, monitoring service utilization, and evaluating service delivery.

Information and Volunteer Services of Allegheny County, Pennsylvania

This agency was established in 1961 in Pittsburgh through consolidation of two other agencies. It has combined State and private funds in Allegheny County with Federal funds from AOA and PSA. The agency has developed and maintained a community resource file of the major human services in Allegheny County. The resource file is published as a directory and made available to other agencies. Information and Volunteer Services also monitors and reports on unmet needs for human services and channels volunteer workers, including clients, to service agencies requesting them. Occasionally, the agency has convinced others to support its program as an alternative to establishing competing I&R services.

Community Information Services

This agency was established in Cleveland in 1950 by consolidating three I&R providers and was expanded in 1972. It is operated as a comprehensive I&R service by the Federation for Community Planning, an association of over 200 health, human service, and civic organizations. Community Information Services is funded by PSA, the State, the county, and the local United Way agency. It operates a main center and eight neighborhood satellite units. It produces reports for community planners and local agencies on unmet needs and gaps in human services.

FEDERAL LEADERSHIP AND COORDINATION NEEDED TO OVERCOME OBSTACLES IN CONSOLIDATING I&R

Efforts to consolidate I&R services and establish comprehensive I&R centers have encountered various obstacles that have limited the effectiveness of some efforts and resulted in the termination of others. A lack of coordination and cooperation among the agencies with I&R programs and a lack of Federal leadership to encourage pooling efforts are among the major obstacles.

Our discussions with local agency officials in Cleveland, Los Angeles, Pittsburgh, and Seattle indicated that lack of coordination and cooperation was a major obstruction to consolidation of the fragmented system. For example, one of the most frequently mentioned obstacles to consolidating I&R activities and forming comprehensive centers is the reluctance of agencies to give up their own I&R activities. Officials in Seattle said that several attempts to consolidate

I&R activities failed because local agencies were concerned that this could lead to the loss of their own I&R programs. Local agency officials acknowledged the potential benefits of consolidation, but most agencies were unwilling to relinquish control of their programs. According to an official in Los Angeles, this resistance occurs because people are unwilling to give up their jobs, clientele, funding, and ego involvement.

A federally funded study 1/ of a network of I&R centers in Wisconsin reported that the network was discontinued when it failed to get other State agencies with I&R activities to pool their funds to support the network. According to the report, these other agencies preferred to continue their own autonomous I&R activities. Reports by other organizations have also addressed the importance of coordination and cooperation in I&R activities. For example, a 1972 report of the United Way National Committee on I&R observed that

--no human service demands as much cooperation among agencies as does I&R,

--little coordination exists among I&R providers in most communities, and

--coordination of I&R providers on a national level does not exist.

The director of a comprehensive I&R provider in Pittsburgh said he has tried for years to consolidate the activities of the many local I&R services. However, he has had only limited success because he cannot control the funding sources of the various I&R providers. The director of a comprehensive I&R service in Los Angeles observed that many competing and fragmented I&R providers in that area are funded by various Federal agencies and that as long as these providers have their own funding sources, they will be unwilling to consolidate activities. Accordingly, this official maintains that the Federal agencies are responsible for much duplication and fragmentation in I&R because they fund competing providers.

An analysis by the Easter Seal Society in Seattle reported that I&R was fragmented, duplicative, and not comprehensive

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1/Nicholas Long, "Information & Referral Services: Research Findings," Inter Study, Minneapolis, Minnesota, 1975, DHEW, OHD/AOA grant 93-P-75051/5-06.

enough to provide the best possible client service and to optimize the value of I&R in the service planning process. The society concluded that developing centralized I&R in Seattle would be beneficial if the obstacles to implementation could be reduced.

Many local officials we contacted cited the lack of Federal leadership as an obstacle to consolidating I&R activities and forming comprehensive I&R centers. In addition, many of the community I&R providers receive Federal support from various sources. However, local agency officials said they lack the power or authority to consolidate I&R activities. Accordingly, local officials believe that the solution to better I&R service rests at the policymaking level and that a coordinated policy on I&R must be developed before improvements can be realized locally.

Most Federal officials we contacted confirmed the obstacle posed by lack of coordination among Federal agencies. No single Federal agency has the responsibility for coordinating Federal programs for community-based I&R. Federal and local officials said that a comprehensive Federal policy and plan on I&R is needed to overcome existing obstacles and to establish comprehensive I&R centers. However, we found no action that had been taken at the Federal level to develop such a national policy and plan. We believe that, without designated responsibility, Federal agencies with I&R programs are unlikely to coordinate their programs and support consolidation of funds and activities to form comprehensive I&R centers.

According to most Federal officials we contacted, the primary responsibility for developing and implementing an integrated Federal I&R policy and plan should be placed in a single Federal agency.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

A network of human services has been developed to help persons reduce their dependency and attain and maintain their self-sufficiency. This network is extremely complex; thousands of Federal, State, and local agencies are involved and services are highly specialized and fragmented. Because many people have only a limited knowledge of the network, they need assistance in identifying, locating, and linking up with appropriate services. Even professionals in the field cannot keep abreast of the numbers, varieties, and restrictions of the available services in both the public and private sectors.

Many agencies have attempted to develop information and referral systems to inform people of the available human services and to refer them to the appropriate agency. However, lack of coordination and suitable quality controls have resulted in an ineffective and inefficient I&R system. Barriers remain between the individuals seeking assistance and the service agencies because of such factors as

--a vast number of I&R providers, many of them federally funded or assisted;

--a fragmentation of I&R services into incomplete or partial units, each with limitations on the scope of services provided and the types of individuals served; and

--a lack of quality control to assure that the I&R is adequate.

Inefficiencies permeate the system when thousands of agencies do the work of a few and I&R functions are repeatedly and unnecessarily duplicated. In effect, agencies are devoting resources to I&R which could be directed to filling gaps in other needed services. Ineffective I&R has resulted from an unmanaged system that frequently fails to implement even the most basic quality controls to assure that people are quickly linked to the services they need.

Lack of coordination among the responsible Federal agencies has contributed to the fragmentation and ineffectiveness of I&R. Instead of promoting the consolidation of I&R

activities into comprehensive community centers, most Federal agencies have acted independently in establishing or funding many types of I&R providers with limited scope and functions.

Without strong leadership to coordinate Federal support for I&R, local efforts to improve efficiency and effectiveness through consolidation of I&R programs are unlikely to succeed. Many Federal agencies are involved in providing or funding I&R, but there is no single focal point with the responsibility for coordinating and consolidating Federal programs for community-based I&R services. Such a central point with the authority to develop and implement a national policy and plan on I&R is needed. Without such authority, the various Federal agencies are unlikely to coordinate their activities and consolidate their support to help establish comprehensive I&R centers.

RECOMMENDATIONS TO THE AGENCIES

We recommend that the Director, Office of Management and Budget, in consultation with the Secretary of HEW and the heads of other Federal agencies funding I&R activities, establish a task force to develop, for consideration by the Congress, a national policy and plan to promote the establishment of comprehensive centers. Because HEW funds many human service programs that provide I&R, the Secretary of HEW should play a prominent role in this effort.

The policy and plan should cover (1) the actions required to eliminate duplications of I&R services among Federal departments and agencies, (2) the ways in which Federal resources can be redirected and pooled with State, local, and private resources to form and operate comprehensive I&R centers, and (3) the strategies that the Office of Management and Budget should use to elicit the cooperation of Federal, State, local, and private organizations in implementing the plan.

In developing the national I&R plan, the task force should:

1. Identify Federal programs and federally supported activities that can be consolidated in support of comprehensive I&R centers.

2. Design a system to allocate Federal support for community-based I&R services considering (a) the level of Federal assistance needed to promote and

sustain comprehensive centers and (b) the number of centers needed and the areas to be served.

3. Identify minimum quality standards prerequisite to Federal support for community I&R.

4. Propose legislation to (a) consolidate existing Federal I&R programs and activities where appropriate and (b) restrict federally supported programs from duplicating services which can be provided by comprehensive community centers.

5. Evaluate and determine whether there are better alternatives to establishing comprehensive centers and whether such alternatives would be more cost effective.

CHAPTER 6

AGENCY COMMENTS AND OUR EVALUATION

We received comments on this report from the Community Services Administration; the General Services Administration; United Way of America; the Departments of Agriculture, Housing and Urban Development, and Labor; the Veterans Administration; the Office of Management and Budget; and HEW. (See apps. I to IX.)

Generally, they all agreed with the thrust of the report. In fact, the Community Services Administration applauded the recommendation that comprehensive I&R centers be established, stating that such centers will provide more accurate, efficient one-step referral services at the community level. The General Services Administration supported the concept of establishing a task force to develop a plan for eliminating duplication of effort and the wasting of Federal dollars. Both agencies stated that the proposed task force should be given the flexibility to examine alternatives to the comprehensive I&R center concept. We agree and our recommendation to the Office of Management and Budget recognizes these concerns.

United Way said that the proposed recommendations address problems which have needed attention for many years and emphasized that any national policy should promote the use of existing comprehensive I&R centers. United Way expressed interest in being included on the task force.

Agriculture told us that the report adequately reflects the complexity of available programs and the problems of the referral system. It suggested that the Secretary of Agriculture also play a prominent role in the task force, since many of its field offices provide I&R.

Housing and Urban Development commented that the local duplication of I&R activities is extensive, that the various agencies funding I&R do not coordinate among themselves, and that duplication of effort is wasteful and unproductive. Labor said that, although it was not a major provider of I&R, it would cooperate with other Federal agencies in promulgating and implementing policies and procedures to achieve effective I&R at the lowest cost.

Essentially, all of the responses recognized the duplication of efforts and the fragmentation of existing I&R services. Furthermore, all of the Federal agencies, except the Veterans Administration, the Office of Management and Budget, and HEW, said that they would participate in a task force to develop a national policy and plan for I&R.

According to the Office of Management and Budget, the lack of responsiveness and administrative inefficiencies that we described are symptomatic of the problems with service delivery. The Office favors a study to examine the entire human service delivery system to provide a basis for examining a specific service, such as I&R. The Office stated that the President has directed his Reorganization Project, of which the Office is a part, to conduct a study of human services programs and submit recommendations to him by the spring of 1978. It felt that I&R is a part of the overall human services delivery system and can be incorporated in its efforts. HEW stated that coordination and consolidation of I&R might not be sufficient without a basic reorganization of human service systems.

We agree that consolidation of I&R may not resolve all the problems of the human service system; however, we disagree with the Office of Management and Budget's approach, which tackles the entire system, with all of its overwhelming problems, at one time. We believe that I&R is a logical entry point to the human service system and should be addressed first to identify and evaluate what human services are available, what are not, and what more is needed.

HEW endorsed the general concept of comprehensive I&R services. However, it believed that I&R should be further defined in our report and that the nature of I&R services presently being provided could be clarified. In this regard, HEW commented that the objectives of such services should be broken down by need--generalized versus specialized I&R services--before we endorse any particular approach for strengthening such services.

We believe our report adequately defines I&R. Our definition is similar to definitions used by HEW consultants studying the subject. Furthermore, we believe comprehensive I&R centers can usually provide generalized as well as specialized I&R. If the need is highly specialized, the center could link up with agencies that could provide the highly specialized service. These steps would have to be accomplished by each comprehensive I&R center as needed.

HEW and the Department of Housing and Urban Development mentioned the existing I&R task force on Federal responsiveness to older people and said that the expertise of this ongoing body of Federal agencies would be valuable to any future task force.

Although this task force has taken various initiatives to improve I&R (see p. 21), its efforts have been primarily directed toward the aged. Despite these initiatives, the

task force did not address the need for a consolidated approach to I&R activities, and our review identified no efforts to consolidate I&R activities among the participating agencies.

HEW also stated that any task force should address the question of how State and local support for the I&R activities might be more effectively combined with Federal funds to promote the development of comprehensive I&R centers. We agree and believe our recommendations to the agencies (see pp. 32 and 33) fully recognize the need for State and local participation in developing a national policy and plan to promote the establishment of comprehensive centers.

The Veterans Administration elaborated on its efforts to provide I&R for veterans and their dependents. Although the agency did not object to our recommendation that a Federal task force be formed, it stated that we did not clearly establish that such centers would be feasible or cost effective. HEW made similar remarks about the cost effectiveness of comprehensive centers.

The costs and benefits of a comprehensive I&R system have not been measured; however, we believe that the successful examples cited in our report have shown that comprehensive I&R centers are feasible and have greatly improved I&R services. Because the cost effectiveness has not been measured, we believe that such measurement would logically be part of the task force's efforts.

The Veterans Administration also stated that the report cites many instances in which efforts to consolidate I&R efforts have failed.

We agree that in certain cases such efforts have met with various obstacles that limited the effectiveness of some and terminated others. As pointed out in the report, the obstacles were lack of cooperation and coordination because of the reluctance of agencies to give up their own I&R activities. Our recommendation advocating cooperation and coordination through a national policy and plan, if implemented, should alleviate such obstacles.

APPENDIX I

Community Services Administration
WASHINGTON, D.C. 20506

September 12, 1977

Mr. Gregory J. Ahart
Director, Manpower and Welfare Division
U.S. General Accounting Office
441 G Street, N.W.
Washington, D.C. 20548

Dear Mr. Ahart:

Dr. Grace Olivarez, the Director of the Community Services Administration, has requested that I respond, on her behalf, to the GAO draft report on Improving Information and Referral for People Needing Human Services.

In summary, the Community Services Administration applauds the basic recommendations of the report. When they are implemented it will provide the poor with more accurate, efficient "one step" referral services at the community level.

I also want to note that this agency strongly endorses the concept of consolidated mechanisms for information and referral services at the local level. However, it recommends that the national task force be given the flexibility to review the advantages and/or disadvantages of utilizing a single centralized structure as the most effective local means to effect coordination.

Let me share with your office the actions the Director of CSA plans to undertake or supports consistent with the draft report recommendations. Dr. Olivarez welcomes an opportunity for CSA to participate in an OMB convened National Task Force to develop national policy for Information and Referral and has assigned Edward J. Storey, Associate Director for Interagency Relations and External Affairs, responsibility for providing staff support for the effort when it is initiated. In addition, the agency is presently developing a design for a comprehensive Management Information System and the extent to which separate reporting on and tracking of Information and Referral activities as a control element will be reviewed.

Thank you for the opportunity to comment on this draft report.

Sincerely,

Robert N. Smith
Assistant Director
for Community Action

APPENDIX II

UNITED STATES OF AMERICA
GENERAL SERVICES ADMINISTRATION
WASHINGTON, DC 20405

August 30, 1977

Mr. Fred J. Shafer
Director, Logistics and
Communications Division
U.S. General Accounting Office
Washington, DC 20548

Dear Mr. Shafer:

Thank you for the opportunity to comment on the draft report to the Congress entitled "Improving Information and Referral for People Needing Human Services."

The recommendation to the executive agencies contained in this report that:

> "the Director of Office of Management and Budget in consultation with the Secretary of Health, Education, and Welfare and the heads of other Federal agencies funding I&R activities, establish a task force to develop for consideration by the Congress, a national policy or plan to consolidate I&R activities and promote the establishment of comprehensive I&R centers"

has far-reaching implications for Federal Government I&R programs, including the Federal Information Center (FIC) program of the General Services Administration (GSA).

The experience of the FIC program confirms that there is massive duplication and overlap of I&R activities and that there is a tremendous need for improved cooperation among Federal agencies.

GSA supports the concept of establishing a task force to develop a plan to eliminate duplication of effort and the resulting waste of Federal expenditures. We would recommend, however, that the task force charter be somewhat broadened. The report recommends establishment of a task force to develop a plan "to consolidate I&R activities and promote the establishment of comprehensive centers." In our view, the task force members should be given the flexibility to draw up a plan which would permit practical, realistic and workable alternatives to establishment of "comprehensive centers" in those instances where such alternatives clearly would be in the best interest of the Government.

Keep Freedom in Your Future With U.S. Savings Bonds

APPENDIX II

Your staff is to be commended for the development of an excellent report. GSA will be pleased to name a representative to serve on the proposed task force.

Sincerely,

Jay Solomon
Administrator

APPENDIX III

United Way
of America

William Aramony
National Executive

801 North Fairfax Street
Alexandria, Va. 22314
(703) 836-7100

September 16, 1977

Mr. Gregory J. Ahart
Director
United States General
Accounting Office
Human Resources Division
Washington, D.C. 20548

Dear Mr. Ahart:

Thank you for inviting us to comment on your draft report "Improving Information and Referral for People Needing Human Services".

We concur with your proposed recommendation to develop a national policy to promote the establishment of comprehensive Information and Referral Services. As you know, we have been involved, nationally and locally, in the promotion of community-wide I&Rs for over 60 years and we continue to encourage this concept.

Although United Way associated I&R services (such as the Pittsburgh and Cleveland examples you cited) are generally comprehensive in scope and capable of meeting standards and criteria set forth by United Way of America (see enclosed) as well as those which you selected to measure I&R Services, they usually encounter the problems of competition and lack of coordination precipatated by the numerous sources of federal funding.

A national policy and plan could hopefully alleviate this problem, assist in the effective utilization of resources

and eliminate the runaround problem which individuals face when searching for the "right" place to call. We would hope that any national policy would promote the use of existing comprehensive I&R Services, rather than the creation of new I&Rs, and that local citizenry be involved in the decisions for the type of local I&R program best suited to their community.

Coordination and standardization of Federal level initiatives will alleviate the proliferation, competition and duplication of I&R Services at the local level. It is also important, however, to retain the outreach inherent in the development of categorical I&R programs.

Many of the problems associated with proliferation of I&R programs at the local level could be solved through a network approach. The network concept provides for a comprehensive I&R to provide general I&R Services to the community and at the same time provide a program of services, including training, technical assistance and resource file development and maintenance, for categorical I&R programs and other organizations needing assistance with the informational needs of intake workers. This approach could improve and upgrade the quality of I&R Services and also create numerous opportunities for ongoing working relationships.

We hope that you will consider including representatives of United Way of America as well as local I&R Services on the task force to assist in developing a national policy.

Although we have questions regarding specific data and some of the assumptions made (which we would be happy to discuss with you), we believe the conclusions and recommendations to be sound.

The proposed recommendations, if accepted and implemented, will address problems which have required attention for many years. We look forward to your final report and a successful outcome of the recommendations. We would be happy to offer our assistance at any time in the future.

Sincerely,

William Aramony

sle
Enclosure

UNITED STATES DEPARTMENT OF AGRICULTURE
EXTENSION SERVICE
WASHINGTON, D.C. 20250

Cooperating with Land Grant Colleges and Universities

September 1, 1977

SUBJECT: Proposed Report to Congress Entitled "Improving Information and Referral for People Needing Human Services"

TO: Henry Eschwege
Director
U. S. General Accounting Office

This is in reply to your August 1, 1977 letter requesting the Department's comments on the proposed report to the Congress entitled "Improving Information and Referral for People Needing Human Services".

The report adequately reflects the complexity of available programs and problems of referral by any one agency or organization.

The Department generally agrees with the recommendation that a task force be established to develop a national policy and plan to consolidate information and referral activities and promote the establishment of comprehensive centers. We would suggest that the Secretary of Agriculture also play a prominent role in this effort since the Department has many field offices currently furnishing information and referral services.

We should call your attention to the information and referral assistance provided by the Cooperative Extension Services in each state. The USDA's Extension Service is the Federal member of this off-campus educational system that reaches into virtually every county in the U.S. Educational programs are conducted in both rural and urban areas, not only for farmers, but also for groups such as low-income consumers, local communities and youth groups. The information and referral assistance is typically indirect. Agents involved in nutrition education often acquaint low-income families with information on existing federal, state, and local programs to help meet their needs. Agents who work with farmers may provide referral assistance on problems such as drought relief or compliance with pollution regulations. Those who work with rural communities refer local leaders to public service programs.

In this regard, the Rural Development Service recently introduced a new computerized information system for local communities called Federal Assistance Programs Retrieval System (FAPRS). The Extension Services in many states use this mechanism to retrieve information on specific federal programs that might help a community solve some of its problems.

The Department has also established a number of Service Centers at various locations which house several USDA agencies in an attempt to avoid having individuals travel to more than one location to obtain information on the Department's programs.

APPENDIX IV

The Department would be willing to serve on the proposed task force which will attempt to resolve the problems involved in information and referral services.

W. NEILL SCHALLER
Administrator

APPENDIX V

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D. C. 20410

OFFICE OF THE ASSISTANT SECRETARY FOR NEIGHBORHOODS, VOLUNTARY ASSOCIATIONS AND CONSUMER PROTECTION

IN REPLY REFER TO:

August 18, 1977

Mr. Henry Eschwege
Director
Community & Economic Development
Division
United States General Accounting Office
Washington, D. C. 20548

Dear Mr. Eschwege:

The subject Draft is comprehensive and well researched and developed. The duplication of information and referral activities at local levels is extensive. The various agencies who fund these activities, including HUD's Block Grant Program, do not have coordination among themselves, and duplication of effort is costly and wasteful, as well as unproductive.

The basic recommendation of the proposed report is to request OMB, and the heads of agencies funding information and referral activities, to establish a task force to develop (for consideration by the Congress) a national policy or plan to consolidate information and referral activities and promote the establishment of comprehensive information and referral centers. There is no problem with this recommendation; however, since there already exists an information and referral task force consisting of some 15 signatory agencies who have been functioning in this area for some time, albeit with concentration on the elderly, it would be advisable to utilize this same task force and extend its mandate to include information and referral in general. Therefore, we recommend that the existing information and referral task force either be incorporated into any new task force, or be utilized as the new task force with added functions and responsibilities as outlined in the Draft Proposed Report. Per your request, we are returning two copies of your Draft Proposed Report.

Sincerely,

George W. Brown
Acting Deputy Assistant Secretary
for Neighborhoods and Consumer
Affairs

Enclosure

APPENDIX VI

U.S. DEPARTMENT OF LABOR
OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON, D.C. 20210

October 11, 1977

Mr. Gregory J. Ahart
Director
Human Resources Division
U. S. General Accounting Office
Washington, D. C. 20548

Dear Mr. Ahart:

The public employment services affiliated with the U. S. Employment Service (USES), and State, county and local government units designated as prime sponsors under the Comprehensive Employment and Training Act (CETA) of 1973, as amended, provide information and referral (I & R) services to unemployed and underemployed men and women of all ages seeking employment and occupational training.

The enclosed "Inventory of Information and Referral Activities for Federal Agencies" was recently prepared at the request of the Interdepartmental Task Force on Information and Referral (I & R Task Force) for inclusion in a forthcoming brochure summarizing I & R responsibilities and activities of all 15 signatory Federal agencies to the Working Agreement on Information and Referral Services for Older People Among Federal Departments and Agencies. Enclosed also are several Employment and Training Administration (ETA) field directives concerned with implementation of the Working Agreement.

The Department of Labor (DOL) is not a major provider of I & R services. However, as a Working Agreement signatory agency, DOL will cooperate with other Federal agencies in joint efforts to promulgate and implement such policies and procedures as may be necessary to achieve the most effective I & R services possible at the lowest cost. In so doing, it will be DOL's primary aim to promote the development and maintenance of I & R services as are determined locally to best meet the needs of DOL program beneficiaries.

Sincerely,

ALFRED M. ZUCK
Assistant Secretary for
Administration and Management

Enclosures

APPENDIX VII

VETERANS ADMINISTRATION
OFFICE OF THE ADMINISTRATOR OF VETERANS AFFAIRS
WASHINGTON, D.C. 20420

October 11, 1977

Mr. Gregory J. Ahart
Director, Human Resources Division
U. S. General Accounting Office
441 G Street, NW.
Washington, DC 20548

Dear Mr. Ahart:

We have reviewed the August 1, 1977, draft report, "Improving Information and Referral for People Needing Human Services." The report identifies numerous problems involved in Information and Referral (I&R) activities such as the duplication and fragmentation of I&R systems resulting in waste of resources, difficulties in access to information and inadequate services to the public.

Sections 220 and 242 of Title 38, United States Code, place the Administrator of Veterans Affairs in the role of coordinator regarding services and benefits provided veterans and their dependents by other departments and agencies of the Executive Branch, and provide for the establishment of veterans assistance offices at key locations throughout the United States. I consider my role in this regard as one of my primary concerns and believe that the Veterans Administration's (VA) Outreach Program places it in the forefront of agencies seeking to provide information to individuals who may need the services and benefits available to them. In the VA, the Veterans Outreach Program provides I&R services, but its activities go beyond providing information and referral. This is a coordinated effort to seek out all potential beneficiaries to provide information on VA benefits to which they may be entitled. It also assists the beneficiaries in obtaining these benefits. In addition, the VA has established "one-stop service centers" where veterans can get information about benefits provided by other agencies, for instance, the Labor Department and the Small Business Administration.

In our efforts to serve as many beneficiaries as possible, the VA publishes and distributes millions of information publications, national and local news releases, special news features and tips to 12,000 publications, as well as magazine articles and weekly radio-TV packages to 6,000 outlets. Besides the Outreach Program, the agency utilizes veterans representatives on college campuses, numerous mobile vans in small communities, toll-free telephone service in all 50 states, close cooperation with local veterans service organizations and county and state service offices, and a series of letters to men and women leaving military service.

APPENDIX VII

The VA has no objection to the report recommendation that a federal task force develop a national policy or plan to consolidate I&R activities and promote the establishment of comprehensive I&R centers. Although the idea to improve services to the public by coordinating and realigning I&R activities has merit, the report does not clearly establish that a national policy or plan for consolidated I&R centers is feasible or cost effective. The report cites numerous cases where efforts to consolidate I&R activities have failed. Based on the magnitude of our own I&R activities, the capability of individual, consolidated I&R centers to maintain and disseminate current information on the wide variety of government programs in existence is doubtful. However, if the practicality of such action is established, the VA will be pleased to participate in the recommended task force.

Thank you for the opportunity to review this draft report.

Sincerely,

MAX CLELAND
Administrator

APPENDIX VIII

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

September 13, 1977

Mr. Gregory J. Ahart
Director, Human Resources Division
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. Ahart:

This letter is in response to your August 1 letter to Director Lance requesting comments on your draft report entitled "Improving Information and Referral for People Needing Human Services."

We believe the report describes well the current problems faced by people in need of services. The description of funding for information and referral services in Seattle and the illustration of the difficulty in attempting to assist a person in Portland reflect these problems in a compelling manner.

As the report's summary observes, today's human service system does consist of a "maze of agencies offering a variety of services." Information and referral services funded by these agencies ultimately do therefore, "mirror the maze," as your report concludes. The lack of responsiveness and administrative inefficiencies which you describe are symptomatic of the broader systemic problems of service delivery. For this reason, we favor a study approach which examines the human service delivery system to provide a context for later examination of any specific service, such as information and referral.

As you know, the President has directed his Reorganization Project, which is part of OMB, to conduct a study of human services programs and to submit recommendations to him next spring. A number of the issues identified in the report on information and referral services, as well as issues in such areas as planning, health and mental health services, training and social services, will be reviewed

in the context of this study. In announcing the study the President expressed his interest that the study "lead to a more logical program structure at the Federal level and the delivery of services to families and individuals who need them in a simpler, more comprehensive, and efficient way." We will be working closely with 10 Federal agencies, including HEW, on this study (a copy of the design of this study is enclosed for your information as Tab 1).

I believe this approach will enable us to address comprehensively problems in the entire human services area.

We have several comments on the body of the report that you may wish to consider. These are summarized in Tab 2. We did share the report with several Federal Executive Boards and some of their comments are reflected in the summary. [See GAO note.]

I can assure you that we will be reviewing the issues discussed in your report, and look forward to working with you and your staff on the reorganization study.

Sincerely,

James T. McIntyre, Jr.
Deputy Director

Enclosures

GAO note: The comments were quite similar to HEW's comments and thus are not included in this report.

APPENDIX IX

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

December 23, 1977

Mr. Gregory J. Ahart
Director, Human Resources
Division
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. Ahart:

The Secretary asked that I respond to your request for our comments on your draft report entitled, "Improving Information and Referral for People Needing Human Services." The enclosed comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

We appreciate the opportunity to comment on this draft report before its publication.

Sincerely yours,

Thomas D. Morris
Inspector General

Enclosure

APPENDIX IX

COMMENTS OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE ON THE GENERAL ACCOUNTING OFFICE DRAFT REPORT, "IMPROVING INFORMATION AND REFERRAL FOR PEOPLE NEEDING HUMAN SERVICES"

General Comments

The Department endorses the general concept advocated by GAO to the effect that comprehensive Information and Referral services - involving a broad range of needs and serving the entire population - is preferable to the current, somewhat unorganized, proliferation of agency activities aimed at serving "bits and pieces" of the community. Nevertheless, we feel that the Report is too broad in its definition of "information and referral services." In particular the Department feels that the nature of the services presently being provided could have been clarified. In this same vein, the Department believes that the objectives of such services should be broken down by need - some people may require only general information, while others may require very specialized information and referral services. It is the Department's opinion that the report should distinguish between - and fully discuss - these various needs prior to endorsing any particular approach for strengthening such services.

Additionally, the Department wants to emphasize that the Administration on Aging took the initiative sometime ago to develop a task force of Federal agencies to focus upon the improvement and coordination of Federal responsiveness and services to older people. The objectives were to assist Federal agencies in responding to information and referral inquiries of older people at all Federal levels and thereby, to ultimately support a more effective delivery of I&R services in local communities. This I&R Interdepartmental task force is an ongoing functioning body whose expertise would be invaluable to any future task force.

The duplication and fragmentation of I&R services are, to a great extent, a reflection of duplication and fragmentation among human services programs and funding sources, at all levels. It is quite possible, therefore, that coordination and consolidation of I&R will not be sufficient without a basic reorganization of human service systems. Additionally, resistance to greater coordination and consolidation occurs not only because "people are unwilling to give up their jobs, clientele, funding and ego involvement" (as the report says), but also perhaps because they are unwilling to give up their perceived responsibility to their clients.

APPENDIX IX

Any Task Force should also address the question of how State and local support for the I&R activities might be more effectively combined with Federal funds to promote the development of comprehensive I&R centers. The GAO report indicated that (1) Federal funds "flow through a variety of channels" in route to local communities; (2) "most Federally - supported I&R providers do not receive their funds directly from the Federal government"; and (3) States and other levels of government and private organizations also contribute to the financing of the I&R services.

The improvement of existing I&R services, and particularly the development of alternative funding and organizational arrangements for such services, would necessarily have to embrace more than the consolidation of Federally-supported I&R programs. Therefore, a formal mechanism for assuring State and local participation in the planning process should be established.

Finally, the Department would have hoped that some mention would have been made in the report to the effect that specific data demonstrates that comprehensive centers are (1) more cost effective than the current, existing system, or (2) that such centers are required because they would serve needy people who are traditionally not being reached by the existing, less comprehensive centers.

NATURE OF FEDERAL I&R ACTIVITIES: SELECTED AGENCIES AND PROGRAMS (note a)

Department/agency	Major I&R Activities: Federal program supporting I&R activities	Target population	Description of I&R activity (note b)
HEW:			
Administration on Aging	Grants for State and community programs on aging	Older Americans	Funds State offices on aging and area agencies on aging. They must assure that I&R providers are available so that all older persons have reasonably convenient access to them.
Public Services Administration	Grants to States for services	All inquirers	Provides funds for I&R activities included in States' annual social service plans.
Social Security Administration	Federal Old-age, Survivors, and Disability Insurance benefits	Any program inquirer	Personnel at district and branch offices and teleservice centers provide I&R to persons who need assistance in obtaining services, including human services.
Public Health Service	Community mental health centers	Individuals contacting mental health centers	Provides funds for community mental health centers. The centers' staff provide I&R concerning mental health services and other health and social services.
Other:			
Community Services Administration	Urban and Rural Community Action programs	Persons with low incomes	Funds I&R activities in most of its programs, including Community Action, Senior Opportunities and Services, Community Food and Nutrition, and Emergency Energy Conservation programs. Individuals are referred to needed human services.
General Services Administration	Federal Information Centers	All inquirers	Administers the Federal Information Centers, located in 37 cities. The centers provide information about Federal agencies, programs, and services, such as the Supplemental Security Income program, and assist people in obtaining needed human services.
Department of Housing and Urban Development	Community Development Block Grants	Persons with low or moderate incomes	Provides funds for I&R as part of community development programs. The community I&R agencies refer individuals for counseling and other needed human services.
Department of Agriculture	Cooperative Extension Service	Individuals contacting Cooperative Extension Service offices	Funds county extension offices that provide I&R on available services, such as the food stamp program and other community services.
Veterans Administration	Veterans Outreach Services Program	Eligible veterans and dependents	Provides information on its own and others' programs beneficial to veterans and dependents.
ACTION	National volunteer anti-poverty programs, Volunteers in Service to America	Individuals in poverty	Promotes volunteer efforts directed at poverty and poverty-related problems. Volunteers often provide I&R services as part of their activities.
Department of Labor	Comprehensive manpower services	Economically disadvantaged and underemployed persons	Funds public service jobs that provide staffing for I&R services.

Additional I&R Activities

Department/agency	Federal program supporting I&R activities	Target population	Descriptions of I&R activity (note b)
HEW:			
Office of Intergovernmental Systems	Partnership grants	(c)	Funds demonstration projects through the Office of the Secretary. Several projects have involved I&R activities or systems.
Office of Human Development: Administration on Aging	Nutrition program for the elderly	Elderly persons	Provides funds to States for nutrition programs for the elderly, which included information, health and welfare counseling, and referral services.
Developmental Disabilities Office	Services and facilities for the mentally retarded and persons with other developmental disabilities	Developmentally disabled persons	The Secretary of HEW (through the Developmental Disabilities Office) allots funds to States for services and facilities for persons with developmental disabilities. I&R is an allowable service.
Office of Child Development	Project Head Start, Child and Family Resource Program, and Child Development Associate Program	Children	Funds I&R activities through research and demonstration projects and provides I&R to individuals receiving services through its programs.
Office of Youth Development	Runaway youth programs	Youth (age 10 to 21 and runaways)	I&R is a component of the Office's programs and is provided in conjunction with counseling and followup services.
Office of Native American Programs	Native American programs	Native Americans	Funds grantees to provide core administrative services including I&R to native Americans.
Rehabilitation Services Administration	Vocational rehabiliation services	Handicapped individuals	Provides grants to States to assist in meeting the needs of handicapped individuals. Services provided included counseling, guidance, referral, and followup.
Public Services Administration	Research and demonstration	(c)	Funds research and demonstration projects, some involving I&R activities or systems.
Office of Education	Research and demonstration	(c)	Has funded research projects that involved I&R.
Public Health Service: Health Services Administration	Family Planning and Maternal and Child Health programs	Individuals receiving services through programs	Funds grantees that provide family planning and maternal and child health services. I&R is a component of these services and individuals are referred when they have other social and health service needs.
	Grants to migrant health services	Migrant workers and families	Funds migrant health services which provide I&R to recipients as part of outreach and other social services.
	Health services for urban Indians	Urban Indians	Contracts with urban Indian organizations to make health services more accessible to urban Indians, which may include referral programs to make urban Indians aware of available urban health services.
Health Resources Administration	Research demonstrations	(c)	Funds demonstration projects including several on intergrated I&R systems.
Department of Commerce	Job Opportunities Program	Unemployed and underemployed	Funds projects that will provide jobs. Some projects involve I&R programs.

a/The table, which shows I&R activities identified from a sample of Federal agencies, does not represent a complete picture of Federal involvement. The 11 agencies we refer to in the report are listed on page 53.

b/Although most officials were not able to identify the amount of Federal funds supporting I&R providers, officials from the Public Services, Social Security, Community Services, and General Services Administrations estimated that they spent about $189 million for I&R in fiscal year 1976.

c/Projects are directed at various target groups.

STANDARDS FOR EFFECTIVE I&R

The standards used in our study were based on established national standards of organizations involved in information and referral. The sources for these national standards are the:

--Administration on Aging: Information and Referral Services: Minimum Requirements to be Met By June 30, 1975, Program Instruction AOA-PI-75-9, August 28, 1974.

--Alliance of Information and Referral Services: National Standards for Information and Referral Services, December 1974.

--National Easter Seal Society for Crippled Children and Adults: Proposed Standards for Easter Seal Individual Programs (undated).

--United Way of America: National Standards for Information and Referral Services, February 1973.

Much of the material in the published standards is detailed and goes beyond the scope of our work. To develop a set of essential standards for I&R services, we interviewed officials of the above organizations and other agencies involved in I&R. As a result of these discussions, we selected the standards listed below and developed measures for each standard:

1. Standard: The resource file must be accurate and complete.

   Measure: Number of entries in the resource file, criteria for selection of entries, frequency of update, information contained on entries, and formal update process.

2. Standard: An assessment must be made of the client's needs.

   Measure: Process used to identify client needs.

3. Standard: I&R contacts must be periodically followed up.

   Measure: Frequency and means of following up.

4. Standard: The service must be able to deal with all types of needs.

   Measure: Type of clientele, scope of services, and number of agencies in resource file.

5. Standard: The service must be publicized.

   Measure: Methods used and frequency.

6. Standard: The I&R provider must provide outreach.

   Measure: Description of outreach program(s).

7. Standard: The I&R provider must maintain records of I&R activities.

   Measure: Type of records maintained and what the information is used for.

8. Standard: The staff must be qualified to do I&R.

   Measure: Not measured.

I&R PROVIDERS MEASURED AGAINST SELECTED STANDARDS

	Number of I&R providers	Percent of I&R providers not meeting each basic standard (note a)						
		Inadequate resource file	No needs assessment	No follow up	Service not comprehensive	No publicity	No outreach	No rec ord
I&R providers with I&R as a primary activity	36	38.9	35.0	13.9	25.0	16.7	63.9	8.
I&R providers with I&R as a secondary activity	107	57.9	36.4	56.1	23.4	49.5	76.6	33.
Total	143	53.1	32.2	45.5	23.8	41.3	73.4	27.
I&R providers with standards	15	13.3	6.7	13.3	13.3	26.7	66.7	6.
I&R providers with no standards	31	58.1	38.7	48.4	25.8	58.1	77.4	32.
I&R providers receiving Federal funds	68	47.1	30.9	32.4	17.6	33.8	63.2	22.

a/Qualified staff is not included because we did not attempt to measure that standar

	Number of I&R providers	Percent of I&R providers not meeting standards							
		Fail no standards	Fail one standard	Fail two standards	Fail three standards	Fail four standards	Fail five standards	Fail six standards	Fail seven standards
I&R providers with I&R as a primary activity	36	22.2	22.2	22.2	19.4	5.6	5.6	0	2.8
I&R providers with I&R as a secondary activity	107	3.7	14.0	21.5	14.0	15.9	19.6	7.5	3.7
Total	143	8.4	16.1	21.7	15.4	13.3	16.1	5.6	3.5
I&R providers with standards	15	33.3	20.0	26.7	6.7	13.3	0	0	0
I&R providers with no standards	31	6.5	12.9	16.1	19.4	12.9	12.9	12.9	6.5
I&R providers receiving Federal funds	68	10.3	22.1	26.5	19.1	5.9	5.9	8.8	1.5

ESTIMATED 1976 FEDERAL FUNDING OF SELECTED I&R PROVIDERS IN FOUR CITIES

City	All I&R providers		I&R providers receiving Federal funds				
	Number of I&R providers contacted	Estimated total funds for I&R	Number of I&R providers contacted	Estimated total funds for I&R	Estimated Federal funds used for I&R	Percent of estimate Federal money	Number of Federal agencies providing funds
Seattle	68	$2,368,045	36	$1,854,323	$1,445,311	78	12
Cleveland	35	1,164,663	13	915,941	673,077	73	9
Los Angeles	35	1,562,823	16	1,094,893	599,913	55	8
Pittsburgh	5	460,810	3	242,810	104,720	43	3
Total or Average	143	$5,556,341	68	$4,107,967	$2,823,021	69	a/13

a/Unduplicated count of Federal agencies in the four cities.

APPENDIX XIV

PRINCIPAL OFFICIALS RESPONSIBLE FOR THE ACTIVITIES DISCUSSED IN THIS REPORT

	Tenure of office	
	From	To
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE		
SECRETARY OF HEALTH, EDUCATION, AND WELFARE:		
Joseph A. Califano, Jr.	Jan. 1977	Present
David Mathews	Aug. 1975	Jan. 1977
Caspar W. Weinberger	Feb. 1973	Aug. 1975
DEPARTMENT OF AGRICULTURE		
SECRETARY OF AGRICULTURE:		
Bob Bergland	Jan. 1977	Present
John A. Knebel (acting)	Nov. 1976	Jan. 1977
Earl L. Butz	Dec. 1971	Nov. 1976
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
SECRETARY OF HOUSING AND URBAN DEVELOPMENT:		
Patricia Roberts Harris	Jan. 1977	Present
Carla A. Hills	Mar. 1975	Jan. 1977
James T. Lynn	Feb. 1973	Mar. 1975
DEPARTMENT OF LABOR		
SECRETARY OF LABOR:		
F. Ray Marshall	Jan. 1977	Present
W. J. Usery, Jr.	Feb. 1976	Jan. 1977
John T. Dunlop	Mar. 1975	Feb. 1976
Peter J. Brennan	Feb. 1973	Mar. 1975
ACTION		
DIRECTOR:		
Samuel Brown	Jan. 1977	Present
Michael P. Belzano, Jr.	Apr. 1973	Jan. 1977
Walter C. Howe (acting)	Dec. 1972	Apr. 1973

	Tenure of office	
	From	To
VETERANS ADMINISTRATION		
ADMINISTRATOR OF VETERANS AFFAIRS:		
Max Cleland	Feb. 1977	Present
R. L. Roudebush	Oct. 1974	Feb. 1977
R. L. Roudebush (acting)	Sept. 1974	Oct. 1974
D. E. Johnson	June 1969	Sept. 1974
COMMUNITY SERVICES ADMINISTRATION		
DIRECTOR:		
Graciela (Grace) Olivarez	Apr. 1977	Present
Robert Chose (acting)	Jan. 1977	Apr. 1977
Samuel Martinez	Apr. 1976	Jan. 1977
Burt Gallegos	Dec. 1974	Apr. 1976
GENERAL SERVICES ADMINISTRATION		
ADMINISTRATOR:		
Joel W. Solomon	Apr. 1977	Present
Robert T. Griffin (acting)	Feb. 1977	Apr. 1977
Jack Eckerd	Nov. 1975	Feb. 1977
Dwight A. Ink (acting)	Oct. 1975	Nov. 1975
Arthur F. Sampson	June 1973	Oct. 1975
OFFICE OF MANAGEMENT AND BUDGET		
DIRECTOR:		
James T. McIntyre, Jr. (acting)	Sept. 1977	Present
Bert Lance	Jan. 1977	Sept. 1977
James T. Lynn	Feb. 1975	Jan. 1977
Roy L. Ash	Feb. 1973	Feb. 1975